



Medical Report to Employer

Date: 2/28/2011

Name: Yail, Atong Y

DOB: 7/15/1973

MRN: 30095590

Employer Name:

Date of Onset: N/A

Address:

First Treatment Date: N/A

City: State: Zip Code:

Date of Last Restrictions: N/A

To be completed by Attending Clinician

Continue with current restrictions as indicated on previous report until

Recommend return to work with no limitations on

Totally incapacitated until re-evaluation on

May return to work on with the following limitations:

Other Instructions and/or Limitations None

Treatment(s) None

surgery on 2/16/10
(2/16/10) MR

Other None

These restrictions are in effect until or next appointment on

Return in day(s) or week(s) or on

Return as needed.

Consultation:

Restrict Days per week to: and/or Hours per day to:

Comments:

post-op

Healthcare Provider: (Clinician) **Mario Potvin, MD**
OMC General Surgery
1650 4th St SE
Rochester, MN 55904
(507) 288-3443

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